



Health Certificate No. _____
(Valid Only if the USDA Seal
Appears Over the Certificate No.)
CFIA Certificate No. _____

**HEALTH CERTIFICATE TO EXPORT HONEYBEE QUEENS *Apis Mellifera* FROM THE
THE UNITED STATES TO CANADA**

I. Origin

Name and address of exporter: _____

Name and address of producing beekeeper: _____

Place of origin of the honeybee queens: _____

II. Destination

Name and address of consignee: _____

III. Description:

Number of queens shipped (total) _____
Number of queen cages/box _____
Number of attendants/queen _____
Type of feed provided (if any) _____ (if honey, irradiation certificate must accompany shipment)

IV. CERTIFICATION STATEMENTS

1. All queens originate from colonies that do not have visible clinical evidence of American foulbrood (AFB) and European foulbrood (EFB). Apiaries were inspected within 45 days prior to export on _____ (date) according to the following protocol: [Five percent of the colonies] or [A minimum of 25 bee colonies] (whichever is larger – please specify) were randomly selected and examined from each of the queen production and mating apiaries from where queens are being exported.
2. On _____ (date) a visual examination of the brood for symptoms of AFB or EFB was done. Bee colonies used in queen production and mating apiaries were free from visible clinical evidence of AFB or EFB. At least three brood frames per hive were inspected.
3. Colonies were assessed for varroa mites by alcohol washing of bee samples. Varroa [was not detected]* or [was under 1%] or [was over 1% and the bee colonies in the queen rearing apiaries were treated with _____ a product that is registered in Canada and the United States. Treated colonies were retested prior to collecting the queens and escorts to confirm that the level of varroa is below 1%.] *[Please specify option that applies.]
4. On _____ (date) officials of the state apiary office inspected the apiaries from which queen bees are derived and any exporting establishment for small hive beetle (SHB) with negative results within forty-five (45) days prior to export.



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5. Following due inquiry by a State apiary inspector, all queens and attendants were caught and placed in cages by hand, and packing of the cages into containers for export was done in an enclosed indoor area inaccessible to SHB on _____ (date).
6. The honeybee queens originate from an apiary free of genes of the sub-Saharan type of the Africanized honeybee, *Apis mellifera scutellata*. Africanized honeybees have not, in the past one year, been detected within 100 miles of the apiaries of queens' origin. A certificate from an authority of the State Department of Agriculture is included in the export documentation.
7. The Mitochondrial Polymerase Chain Reaction-DNA (PCR-DNA) testing did not show signs of *Apis mellifera scutellata* in the progeny of the breeder queens within 180 days prior to exporting the queens. The PCR-DNA testing was carried out by an accredited or state laboratory on (date and laboratory name)

8. Food supplied to the bees during transit [does not contain honey] or [contains honey which has been irradiated to approved levels]. (Please indicate whichever is appropriate).

V. ISSUING OFFICIAL

Name: _____ Address: _____

Signature: _____ Date: _____

VI. ENDORSING APHIS OFFICIAL

Name: _____ Address: _____

Signature: _____ Date: _____

Valid only if USDA seal appears over the signature.